

BEFORE THE
BOARD OF PSYCHOLOGY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation
Against:

JAMES BONURA, Ph.D.
1141 West Redondo Beach Boulevard
Suite 207
Gardena, California 90247,

Psychologist's License No. PSY-4351,

Respondent.

Case No. W206

OAH No. L-2001080765

DECISION AFTER NONADOPTION

Vincent Nafarrete, Administrative Law Judge of the Office of Administrative Hearings, heard this matter at Los Angeles on July 22 - 24, 2002. Complainant was represented by John E. DeCure, Deputy Attorney General. Respondent James Bonura, Ph.D., was present throughout the hearing and represented by Jay M. Coogan, Attorney at Law. Complainant presented documentary evidence (Exh. 1 - 12) and the testimony of Patient LP, patient's friend Elisa Smith, and clinical psychologist and expert witness Darlene Skorka, Ph.D. Respondent presented documentary evidence and his own testimony and that of his brother Rocky Bonura, hospital administrator Javier Aguilera, and colleague Donald B. Miller, M.D. During the hearing, the Administrative Law Judge ordered a transcript of the testimony of complainant's expert witness. The transcript of the expert testimony was received on August 22, 2002, and marked as Exhibit 13 and the matter was submitted.

The Proposed Decision of the Administrative Law Judge was submitted to the Board on or about October 8, 2002. After due consideration thereof, the Board declined to adopt said Proposed Decision, and on December 3, 2002 issued an Order of Non-Adoption of Proposed Decision. The parties were notified of their ability to present written and oral argument to the Board. Written argument was received from only Complainant. On May 9, 2003, oral argument was presented to the Board from Complainant, represented by John E. DeCure, Deputy Attorney General, and Respondent, represented by Edward W. Pilot, Attorney at Law. Written and oral argument having been received, the entire record, including the transcript of the hearing having been read and considered pursuant to Government Code § 11517, the Board hereby finds as follows:

FACTUAL FINDINGS

1. The Accusation was made and filed on March 15, 2001, by Thomas S. O'Connor in his official capacity as Executive Officer of the Board of Psychology, Department of Consumer Affairs, State of California (hereinafter Board).

2. On or about July 31, 1975, the Board of Psychology issued psychologist's license no. PSY-4351 to James Victor Bonura, Ph.D. (hereinafter respondent). Said license is valid and in full force and effect, having been renewed until the expiration date of October 31, 2003. Respondent does not have any prior disciplinary history on his psychologist's license.

3. Respondent attained a Master's of Arts in clinical psychology from California State University at Los Angeles and a doctorate in clinical psychology from the California School of Professional Psychology in Los Angeles. He has been engaged in the private practice of psychological counseling and therapy for the past 25 years or so.

4. Respondent specializes in the counseling and treatment of victims of crimes. Approximately 12 years ago, he formed the Victims Center, a counseling center for victims of crimes, with offices in Gardena and satellite offices in other locales near Los Angeles area hospitals. He contracts with hospitals to obtain referrals of clients who have been victims of violent crimes and often indigent and has organized panels of health and counseling specialists to treat and counsel these patients. Respondent and his staff of therapists then obtain payments for their services by submitting bills and receiving reimbursements for psychological services from the Victims of Crimes Program administered by the State Board of Control. Under the aegis of the Victims Center and Victims of Crime program, respondent was referred to the female patient L.P. (hereinafter patient or LP) in 1994.

September 1994

5. In September 1994, patient LP was 20-years old. She had not completed high school and was living in Long Beach. On September 6, 1994, LP's former boyfriend broke into her apartment through a kitchen window, shot and killed her male friend or date that she had just met a week earlier, and shot LP nine times. LP survived the shooting by pretending to be dead. She underwent surgery and was then hospitalized at St. Mary's Hospital in Long Beach for two weeks. During her hospitalization, LP was advised of the availability of counseling at the Victims Center.

6. While patient LP was being treated in the hospital for her gunshot wounds, respondent received a telephone call from the hospital about her case. He was surprised that LP was able to speak to him on the telephone so soon after her trauma and made an appointment for her at the Victims Center. On or about October 11, 1994, patient LP presented to respondent at his Gardena office. Respondent was again surprised at LP's appearance because he did not expect her to look "normal" after sustaining gunshot wounds. Respondent told patient LP that she looked terrific and invited her into his office for an evaluation.

7. On October 11, 1994, respondent conducted an initial psychological evaluation of LP and took her history. He noted his findings on a victim psychological intake form. He also performed a mental status examination. At that time, LP was self-employed as vendor at swap meets. She displayed symptoms of depression, anxiety, extreme anger, and leg pain. Respondent found LP to be well groomed and cooperative with normal speech, orientation, and memory but she was also agitated and anxious. Respondent found no apparent thought process or content disturbances or behavioral disturbances. LP was angry about the shooting and angry towards the perpetrator. Respondent diagnosed LP with adjustment disorder with mixed emotional features and recommended outpatient psychotherapy and counseling for four to six months.

8. As a matter of his own private practice, respondent always conducts the initial evaluations of all clients referred to his Victims Center for counseling. He usually provides ongoing or long-term therapy to only three or four clients at a time. However, respondent found patient LP's case to be fascinating because she had suffered a major trauma but yet was able to come to his office so soon after the crime. LP appeared to respondent to be strong and tough-minded; she joked about the absence of a therapist's couch in his office. LP also dressed seductively at the initial evaluation. Respondent decided he wanted to help patient LP with her long-term therapy and to help her resolve any psychological issues from her trauma.

9. From this initial evaluation on October 11, 1994, respondent provided counseling and psychotherapy to patient LP for the next year and one-half until April 26, 1996. The time period and specific dates of the psychotherapy were reflected in the File Record and Billing/Verification Form sheets that respondent used to record sessions and to obtain payments from the State Board of Control (Exh. 7, pp. 16 - 55) as well as in respondent's partial notes from his counseling sessions (Exh. 7, pp. 11 - 13). Respondent counseled LP in his offices in Gardena and later in East Los Angeles. He had approximately 67 psychotherapy sessions with patient

10. (A) On or about February 23, 1995, during the course of ongoing psychotherapy, respondent took patient LP to a neurosurgeon who had offices in the same building in order to obtain a consultation about the patient's scar on her abdomen from her surgery for gunshot wounds. In therapy sessions, LP had concerns about her abdominal scar. Respondent wanted to see the scar himself to determine its size, the possible effect on the recovery from the trauma, and whether the scar was amenable to cosmetic plastic surgery.

(B) On said date, respondent escorted LP to the neurosurgeon's office. In the presence of respondent and a female medical assistant, the neurosurgeon had LP lie down on her back on an examination table and exposed her abdomen by moving aside her blouse and pants. Both respondent and the neurosurgeon saw an approximate 12-inch scar from the patient's sternum to her navel area. The neurosurgeon opined that the scar was extensive but not so horrible that its appearance could not be repaired or changed by cosmetic plastic surgery.

(C) On February 23, 1995, patient LP felt uncomfortable having her abdominal scar observed by her psychotherapist and the neurosurgeon, but it was not established that respondent touched her scar or viewed her scar without anyone else present on this or any other date.

Subsequently, respondent assisted LP to have her scar cosmetically altered by referring her to plastic or reconstructive surgeons.

(D) It was not established that LP opened her blouse to show respondent her scar or that respondent asked to touch her scar. It was not established that LP undressed in respondent's office behind closed doors and without anyone else present to show her scar to respondent.

11. In or about July 1995, during the course of ongoing psychotherapy, respondent referred LP to a physician in his office building because said patient was experiencing vaginal bleeding. Patient LP saw the physician who later gave respondent a summary of his findings.

12. (A) On or about November 17, 1995, during ongoing psychotherapy, patient LP came to the Los Alamitos racetrack to watch respondent's thoroughbred horse participate in a race. Respondent introduced LP to his brother and LP watched the horse race. After respondent's horse won the race, LP joined respondent and other members of respondent's racing team and family in the winner's circle. The event was memorialized in a photograph (Exh. 10).

(B) On an undetermined date during the course of ongoing psychotherapy, patient LP went to the horse racing track and found respondent eating dinner in the clubhouse. Respondent invited LP to stay and have dinner with him.

(C) It was not clearly established whether, on these two occasions, respondent invited LP to meet him at the racetrack or whether LP appeared at the racetrack uninvited or unannounced.

(D) It was not established that patient LP attended the horseracing track with respondent on 20 occasions or "many, many times" during the period while he was providing therapy to her. It was not established that respondent and LP held hands at the racetrack.

13. On an undetermined date in 1995, while he was providing counseling to LP, respondent learned from LP in a therapy session that her younger sister was looking for a job after a stint in military service. Subsequently, respondent hired LP's sister to work in his newly opened office in East Los Angeles as a receptionist and/or clerical worker. On an undetermined occasion, LP persuaded respondent to take her sister back after he had fired her. LP's sister continues to work for respondent to this day and has now worked for respondent for seven years.

14. In or about March 1996, patient LP went to respondent's office for a therapy session. While waiting for her session, she met respondent's friend and business partner who owned a medical products company that sold oxygen to hospitals and clinics and was looking for a new sales associate. When his friend and business partner asked about LP, respondent recommended her for the job. And when LP asked about the company and/or job, respondent told her to call his friend and business partner if she wanted to work for the company. Soon thereafter, patient LP began working as a sales associate for the medical products company. LP worked for the company for a year and a half.

15. (A) As set forth in Findings 10 - 14 above, respondent became involved in LP's personal life during the course of psychotherapy from October 1994 until April 1996. LP met him at the racetrack on two occasions. He helped her obtain consultations for reconstructive plastic surgery and referred her to a physician for vaginal bleeding. Respondent first hired her sister to work for him and later helped patient LP to get a new job with a business friend. Consequently, patient LP gradually became confused and uncomfortable about their psychotherapist-patient relationship. She felt gratitude towards respondent for helping her but she also felt obligated and trapped by the relationship. She wanted to start dating but, when she brought up the subject in a therapy session near the end of the professional relationship, respondent advised her not to date for two years because she had a history of choosing bad men. Eventually, patient LP thought she should stop therapy with respondent but did not want to do anything to jeopardize her sister's job with him or hurt respondent's feelings.

(B) The patient's appearances to the racetrack on two occasions, respondent's hiring of the patient's sister, and respondent's referral or recommendation of the patient to a new job were boundary transgressions of the therapist-patient relationship. After each of these boundary transgressions, respondent failed to discuss in therapy sessions with patient LP the necessity of maintaining proper boundaries of the therapist-patient relationship and the concept of transference. He did not address the development of a social relationship between them. The patient's testimony that respondent did not speak to these issues in therapy was credible and respondent's claim that he did discuss boundaries with the patient was not credible. Respondent did not indicate any discussion of boundaries or transference in his session notes.

(C) Further, respondent did not seek any consultations or advice from a colleague to address the counter-transference issues in the burgeoning social relationship with patient LP. If respondent found himself entangled in patient's personal life or attracted to her, it was incumbent upon him to seek counseling or therapy so that any feelings he had for the patient would not interfere with his professional judgment and the therapist-patient relationship.

16. Based on Findings 5 - 15 above, respondent's conduct in participating in boundary transgressions and then failing to discuss or address the boundary transgressions in therapy sessions with the patient constituted repeated simple departures from the standard of care.

17. In late April 1996, respondent determined that patient LP no longer needed counseling or psychotherapy. He thought that she had progressed or had succeeded in her recovery because she did not display any more symptoms and was working for the medical products company. In addition, patient LP herself had earlier asked to end the therapeutic relationship. On April 26, 1996, respondent advised LP that she did not need further psychotherapy and the two of them mutually agreed to end their formal psychotherapist-patient relationship.

18. (A) It was not established that, about eight months into therapy, respondent began to hug and/or kiss patient LP in his office or began to commit acts of sexual intimacy or misconduct with her as his patient. It was not established that, during the course of ongoing psychotherapy, respondent committed acts of sexual abuse, misconduct, or relations with LP as a patient.

(B) It was not established that, during the course of ongoing psychotherapy, respondent began taking patient LP to restaurants for lunches and dinners, to his brother's or cousin's house, or to the house of his horse trainer. It was not established that respondent began seeing LP on the weekends or evenings after therapy sessions and treated her as a friend or girlfriend rather than a patient.

(C) The assertions of patient LP that respondent made sexual advances upon her on three occasions while she was his patient were not reliable or believable. LP testified that respondent took off her clothes and fondled her and then she would always make up an excuse to avoid further sexual activity. She could not recall dates of any of three alleged sexual encounters. She also testified that she could not recall where the first incident occurred but that it must have been at respondent's house in 1995 or in 1996. LP also claimed that the other incidents took place at her place and in respondent's house or car. LP's testimony was unclear, lacking in specificity, and difficult to follow. Her inability to recall specifically even the first alleged sexual encounter with respondent did not aid her credibility. Most importantly, LP did not tell her younger sister about respondent's alleged sexual misconduct. Her claim that she was too embarrassed to warn her sister, whom she helped to obtain and then keep a job in respondent's office, about respondent's alleged sexual advances was not believable. LP's statement she was not comfortable telling a subsequent therapist of respondent's alleged conduct because the therapist had the same first name as respondent was likewise not credible. LP had been referred to this subsequent therapist by her own attorney. Finally, LP's friend testified that the patient did not mention any involvement with respondent.

19. Based on Findings 12 and 18 above, it was not established that respondent committed any acts of sexual abuse, misconduct, or relations with a patient or client or engaged in any acts of sexual intimacy or contact with a patient or client.

20. It was not established by the probative evidence that patient LP's psychotherapy with respondent continued until February 1997 or past April 1996. The only evidence of this claim was LP's testimony and she was a reluctant and not a completely credible witness who contradicted herself and was not forthcoming with details. LP testified that she was not sure why therapy ended and surmised that respondent thought she had recovered or that he had not received payments for his services. On the other hand, in a Declaration dated May 13, 1998 (Exh. A), LP stated she terminated the relationship herself. Further, she testified that she never told respondent of her desire to date other men for fear of hurting or alienating him. However, she also testified that she brought up dating after a few months of counseling and spoke of her fears and scars. One year into her therapy, she discussed dating again in a session and respondent told her not to date for two years because she chose bad men. As described hereinabove, LP's recall or memory was also flawed or limited; she could not recall giving or sending three of four greeting cards to respondent but said she could recognize her writing. The claim that the psychotherapist-patient relationship continued until February 1997 was not supported or corroborated by any documentary evidence.

After April 1996

21. (A) Shortly after ending the therapy sessions in April 1996, respondent received telephone calls from LP asking for referrals for her new sales job. In May 1996, respondent began to help LP sell oxygen products by introducing her to physicians and clinic and hospital administrators and by arranging meetings for her. Respondent began meeting LP for lunch in the cafeteria of Doctor's Hospital in East Los Angeles where he would introduce her to physicians and discuss her new job with LP.

(B) On an undetermined date in 1996 or 1997, respondent referred LP to the chief administrator at Doctor's Hospital for a possible sale of oxygen. LP met with the administrator who signed a contract for the purchase of oxygen by the hospital. Thereafter, LP provided services on the contract by checking on the supply of oxygen and related equipment. Several weeks later, LP met the administrator for drinks at a Beverly Hills hotel.

(C) Respondent also met LP at his East Los Angeles office until he closed the office in August 1996. Beginning in or about May 1996 and continuing until about December 1996, respondent spoke to or met with LP on the average of two or three times per week.

(D) In May 1996, LP gave respondent a small greeting card (Exh. I), thanking him for everything that he had done for her.

22. (A) Beginning in May 1996, respondent began to date or see LP on a social basis. He admits that their first date occurred in May 1996 when she came by his East Los Angeles office and the two of them went to a restaurant for happy hour drinks. Thereafter, respondent had about seven dates with LP, including the holiday party at Doctor's Hospital in December 1996. Respondent took LP to the holiday party and drove her home. Afterwards, he went inside her apartment with her. On the way to her apartment, respondent tried to fondle her in the car. And at her apartment, respondent also made sexual advances towards LP. LP rebuffed him each time. In fact, respondent did not have sexual relations with LP at any time after the cessation of therapy and after the beginning of their social relationship.

(B) In or about January 1997, respondent took LP to the racetrack at Santa Anita. On another date in or about January 1997, LP came by respondent's house and went with him to a computer store. In or about January 1997, LP invited her friend Elisa Smith to Santa Anita racetrack and arranged to meet the friend at respondent's home in Arcadia. Respondent drove LP and her friend to the racetrack where they had dinner and watched the horse races. For one race, respondent paid for bets for the three of them.

(C) On or about February 13, 1997, respondent took LP out for a Valentine's Day dinner. He gave her a Movado brand watch valued at \$700 but she refused to accept the gift. After the dinner, LP sent a Valentine's Day card (Exh. H) to respondent.

23. After April 1996, respondent also gave financial help to LP. On an undetermined date in 1996, he loaned her \$500 when she failed to meet her sales quota at her new oxygen sales job. Prior to the holidays, in or about December 1996, respondent loaned \$5,000 to LP in order to

help her start buying merchandise for her annual Christmas swap meet business; they agreed to split the profits and eventually LP repaid respondent about one-half of the \$5,000 loan. In January 1997, respondent gave LP the first and last month's rent for a new apartment in Sherman Oaks and a glass dining table and four chairs to help furnish her new apartment. In February 1997, he gave her \$500 to help pay her brother's criminal defense fees.

24. Respondent claims that, after the cessation of therapy, he never considered dating LP, never tried to make sexual advances upon her, and "did not touch that girl". His claims were not credible. Respondent was not merely fascinated by her case on a professional level and did not help her as a matter of altruism to escape the "ghetto". Rather, as he admits, respondent really liked and cared for LP; she was and is a bright, ambitious, and attractive young woman. Since her tragic shooting in 1994, LP obtained her high school diploma, finished college at California Polytechnic University at Pomona, and is currently a third year law student. Beginning in therapy and culminating after the cessation of their counseling sessions, respondent became infatuated with and developed strong personal feelings for LP. After April 1996, he helped her with her new job, gave her money, and dated her seven times. Unfortunately from respondent's perspective, LP was not interested in him in any romantic sense. After mid-February 1997, and after she rejected his gift of the expensive watch at a Valentine's Day dinner, LP made it clear to respondent that she was not interested in him as a romantic or sexual partner and was dating or wanted to date other men.

25. On June 12, 1997, respondent sent LP a letter, demanding repayment of the balance of the \$5,000 holiday loan, his payment of her rent and her brother's legal fees, and a \$100 bet for her friend at the Santa Anita racetrack (Exh. K). Contrary to his assertion, the tone of respondent's letter was not "tame", for he wrote, "Why am I not surprised that you would embarrass me in having to write this note?" Respondent was very upset with LP.

26. Subsequently, LP sought legal advice about respondent's demand letter and, later, retained an attorney to file a civil suit against respondent. In September 1997, respondent and LP met one last time to discuss their disputes. In October 1998, LP filed a complaint with the Board of Psychology. On an undetermined date, LP accepted \$27,000 in settlement of her civil suit against respondent. In April 1999, LP wrote the Board, stating she had resolved her differences with respondent and was not interested in pursuing her complaint with the Board.

27. At no time during psychotherapy with patient LP or after the cessation of psychotherapy did respondent discuss the concept of transference or the issues of boundaries of the psychotherapist-patient relationship with LP. Respondent did not consider that he was violating ethical standards or engaged in dual or multiple relationships with LP at any time. He did not seek assistance in dealing with his own issues of counter-transference. Respondent maintains he was only trying to help LP. He states he grew up in a tight-knit Italian-American family and was trained in the psychosocial milieu of the 1970's in which he was taught that a therapist must help patients

28. Based on Findings 14, 17, and 21 - 27 above, respondent's conduct in starting and entering into a social and dating relationship with LP one month after the cessation of therapy constituted an extreme departure from the standard of care for a psychologist.

29. The costs of investigation and enforcement of this matter total \$13,289.07, as established by the certifications of costs [Exhs. 5 and 6].

30. (A) It was not established that respondent violated any rule of professional conduct promulgated by the Board and set forth in regulations. No reference was made or evidence produced as to any rule or regulation of professional conduct promulgated by the Board of Psychology.

(B) It was not established that respondent committed any dishonest, corrupt, or fraudulent act. No probative evidence was presented as to any dishonesty, corruption, or fraud.

(C) It was not established that respondent functioned outside of his particular field of competence as shown by his education, training, or experience. No probative evidence was presented on this allegation.

31. Allegations contained in the Accusation for which there are no findings of fact in this Proposed Decision are deemed unproven or surplusage.

LEGAL CONCLUSIONS

1. Gross Negligence--Grounds exist to revoke or suspend respondent's psychologist's license for unprofessional conduct pursuant to Business and Professions Code Section 2960(j) in that respondent committed gross negligence in his care and treatment of a patient, based on Finding 28 above.

2. Sexual Misconduct--Grounds do not exist to revoke or suspend respondent's license for unprofessional conduct pursuant to Business and Professions Code Section 726 in that it was not established that respondent engaged in acts of sexual intimacy during a period that respondent was rendering therapy to the patient or committed any act of sexual abuse, misconduct, or relations with a patient, based on Finding 19 above.

3. Board Rule or Regulations--Grounds do not exist to revoke or suspend respondent's license for unprofessional conduct pursuant to Business and Professions Code Section 2960(i) in that it was not established that respondent violated any rule of professional conduct promulgated by the Board and set forth in regulations adopted under this chapter, based on Finding 30(A) above.

4. Dishonest Acts--Grounds do not exist to revoke or suspend respondent's license pursuant to Business and Professions Code Section 2960(n) in that it was not established that respondent committed any dishonest, corrupt, or fraudulent act, based on Finding 30(B) above.

5. Field of Competence--Grounds do not exist to revoke or suspend respondent's license pursuant to Business and Professions Code Section 2960(p) in that it was not established that respondent functioned outside of his particular field of competence as established by his education, training, or experience, based on Finding 30(C) above.

6. Repeated Negligent Acts--Grounds exist to revoke or suspend respondent's license pursuant to Business and Professions Code Section 2960(r) in that respondent committed repeated acts of negligence in his care or treatment of the patient, based on Finding 16 above.

7. Cost Recovery--Grounds exist to direct respondent to pay the reasonable costs of the Board's investigation and enforcement costs in this matter pursuant to Business and Professions Code Section 125.3 in that respondent violated of the Psychology Licensing Law, as set forth in Conclusions of Law nos. 1 and 6 and Finding 29 above. Inasmuch as complainant did not prove all of the allegations of the Accusation, the costs of investigation and enforcement of this matter must be reduced accordingly. The sum of \$7,500 is hereby deemed to be the reasonable costs of investigation and enforcement in this matter.

8. Discussion--By clear and convincing evidence, complainant demonstrated that respondent violated the standards of care governing the practice of a psychologist by failing on more than one occasion to address boundaries and transference issues during therapy with the patient and by entering into a social and dating relationship with the patient soon after the end of the therapy. Respondent's failures to address boundaries and transference issues with the patient constituted repeated negligent acts and his social and dating relationship with her was gross negligence.

During therapy, patient LP became confused about her dual relationship with respondent. She was grateful for his professional counseling as well as for his kind help with her plastic surgery and other health concerns, her sister's job, and later her own new employment but she also felt obligated towards him. As time went on, she felt more uncomfortable about discussing certain subjects with respondent, including dating, and began to feel constricted by the therapeutic relationship. She did not want to do or say anything that might jeopardize her sister's job or her good relationship with respondent. Towards the end of the therapy, patient LP was not discussing her own problems during sessions and felt too involved with respondent to ask for a referral to any therapist.

For his part, respondent might have been able to alleviate the patient's confusion and enhanced her therapy by discussing boundaries and transference concepts with her. He should have recognized his own feelings for LP and sought advice or counseling for counter-transference issues for himself. Had he done so, respondent would have realized that a dual relationship with LP during therapy would not be beneficial for her recovery from the trauma and inappropriate for a psychologist. Moreover, respondent would perhaps have reconsidered before becoming friends with LP and trying to become her romantic partner so soon after the end of therapy. In mitigation of his conduct, respondent did not exploit his position of trust and power as the therapist to gain an advantage over the patient. Rather, he tried to help her by referring her to different health professionals, giving a job to her sister, and recommending her for a new job. While he certainly had selfish and ulterior motives as well, he continued his help after therapy ended by providing her with job referrals, financial aid, furniture, and social outlets. Respondent's help and assistance resulted in the patient becoming dependent on him for financial purposes but not necessarily for her emotional and psychological support and well-being. The evidence supports the finding that the patient concurred with the cessation of therapy and, after

therapy ended, she had as much if not more control over the social relationship with respondent. In the end, respondent became frustrated and upset over the patient's rebuffs of his romantic or sexual overtures and responded with a demand for his money. The patient filed complaints and now has gone forward with her life by finishing college and entering law school.

ORDER

WHEREFORE, the following Order is hereby made:

Psychologist's license no. PSY-4351 and licensing rights previously issued by the Board of Psychology to respondent James V. Bonura, Ph.D., 1141 West Redondo Beach Boulevard, Suite 207, Gardena, California, are revoked; provided, however, that said revocation is hereby stayed, and respondent is placed on probation for a period of five (5) years on the following terms and conditions:

1. Psychological Evaluation. Respondent shall undergo a psychological evaluation that includes both cognitive and emotional functions by a board-appointed California licensed psychologist. Respondent shall sign a release that authorizes the evaluator to furnish the Board a current DSM IV diagnosis and a written report regarding the respondent's judgment and/or ability to function independently as a psychologist with safety to the public, and whatever other information the Board deems relevant to the case. The completed evaluation is the sole property of the Board. The evaluation should be disclosed to anyone not authorized by the board or by court order.

If the Board concludes from the results of the evaluation that respondent is unable to practice independently and safely, respondent shall immediately cease accepting new patients and, in accordance with professional standards, shall appropriately refer/terminate existing patients within 30 days and shall not resume practice until a Board-appointed evaluator determines that respondent is safe to practice. During this suspension period, probation will be tolled and will not commence again until the suspension is completed.

If ongoing psychotherapy is recommended in the psychological evaluation, the Board will notify respondent in writing to submit to such therapy and to select a psychotherapist for approval by the Board or its designee within 30 days of such notification. The therapist shall 1) be a California-licensed psychologist with a clear and current license; 2) have no previous business, professional, personal or other relationship with respondent; 3) not be the same person as respondent's practice or billing monitor. Frequency of psychotherapy shall be determined upon recommendation of the treating psychotherapist with approval by the Board or its designee; however, psychotherapy shall, at a minimum, consist of one one-hour session per week. Respondent shall continue psychotherapy until released by the approved psychologist and approved by the Board or its designee. The Board or its designee may order a re-evaluation upon receipt of the therapist's recommendation.

Respondent shall execute a release authorizing the therapist to provide to the Board any information the Board or its designee deems appropriate, including quarterly reports of

respondent's therapeutic progress. Respondent shall furnish a copy of this Decision to the therapist. If the therapist determines that the respondent cannot continue to independently render psychological services, with safety to the public, he shall notify the Board immediately.

Respondent shall pay all costs associated with the psychological evaluation and ongoing psychotherapy. Failure to pay costs will be considered a violation of the probation order.

2. Practice Monitoring. Within 90 days of the effective date of this Decision, respondent shall submit to the Board or its designee for prior approval, the name and qualifications of a psychologist who has agreed to serve as a practice monitor/billing monitor. The monitor shall 1) be a California-licensed psychologist with a clear and current license; 2) have no prior business, professional, personal or other relationship with respondent; and 3) not be the same person as respondent's therapist. The monitor's education and experience shall be in the same field of practice as that of the respondent.

Once approved, the monitor shall submit to the Board or its designee a plan by which respondent's practice shall be monitored. Monitoring shall consist of at least one hour per week of individual face to face meetings and shall continue during the entire probationary period. The respondent shall provide the monitor with a copy of this Decision and access to respondent's fiscal and/or patient records. Respondent shall obtain any necessary patient releases to enable the monitor to review records and to make direct contact with patients. Respondent shall execute a release authorizing the monitor to divulge any information that the Board may request. It shall be respondent's responsibility to assure that the monitor submits written reports to the Board or its designee on a quarterly basis verifying that monitoring has taken place and providing an evaluation of respondent's performance.

Respondent shall notify all current and potential patients of any term or condition of probation that will affect their therapy or the confidentiality of their records (such as this condition, which requires a practice monitoring/billing monitor). Such notifications shall be signed by each patient prior to continuing or commencing treatment.

If the monitor quits or is otherwise no longer available, respondent shall get approval from the Board for a new monitor within 30 days. If no new monitor is approved within 30 days, respondent shall not practice until a new monitor has been approved by the Board or its designee. During this period of non-practice, probation will be tolled and will not commence again until the period of non-practice is completed. Respondent shall pay all costs associated with this monitoring requirement. Failure to pay these costs shall be considered a violation of probation.

3. Examination. Respondent shall take the CJPEE within 90 days of the effective date of the decision. If respondent fails such examination, respondent shall immediately cease accepting new patients and, in accordance with professional standards, shall appropriately refer/terminate existing patients within 30 days and shall not resume practice until the re-examination has been successfully passed, as evidenced by written notice to respondent from the Board or its designee. During this period of non-practice, probation shall be tolled and will not commence again until the suspension is completed. It is respondent's responsibility to contact the Board in writing to make arrangements for such examination. Respondent shall pay the established examination fee.

4. Coursework. Respondent shall take and successfully complete not less than six (6) hours coursework in each year of probation in the following areas: the psychologist/therapist and patient relationship and/or boundary issues. Coursework must be preapproved by the Board or its designee. All coursework shall be taken at the graduate level at an accredited educational institution or by an approved continuing education provider. Classroom attendance is specifically required; correspondence or home study coursework shall not count toward meeting this requirement. The coursework must be in addition to any continuing education courses that may be required for license renewal.

Within 90 days of the effective date of this Decision, respondent shall submit to the Board or its designee for its prior approval a plan for meeting this educational requirement. All costs of the coursework shall be paid by the respondent.

5. Ethics Course. Within 90 days of the effective date of this Decision, respondent shall submit to the Board or its designee for prior approval a single course in law and ethics as they relate to the practice of psychology. Said course must be successfully completed at an accredited educational institution or through a provider approved by the Board's accreditation agency for continuing education credit. Said course must be taken and completed within one year from the effective date of this Decision. The cost associated with the law and ethics course shall be paid by the respondent.

6. Investigative and Enforcement Cost Recovery. Respondent shall pay to the Board its reasonable costs of investigation and enforcement in the amount of \$7,500.00 within the first year of probation. Such costs shall be payable to the Board of Psychology. Failure to pay such costs shall be considered a violation of probation. The filing of bankruptcy by respondent shall not relieve respondent of the responsibility to repay investigation and enforcement costs.

7. Probation Costs. Respondent shall pay the costs associated with probation monitoring each and every year of probation. Such costs shall be payable to the Board of Psychology at the end of each fiscal year (July 1 - June 30). Failure to pay such costs shall be considered a violation of probation. The filing of bankruptcy by respondent shall not relieve respondent of the responsibility to repay probation monitoring costs.

8. Obey All Laws. Respondent shall obey all federal, state, and local laws and all regulations governing the practice of psychology in California including the ethical guidelines of the American Psychological Association. A full and detailed account of any and all violations of law shall be reported by the respondent to the Board or its designee in writing within seventy-two (72) hours of occurrence.

9. Quarterly Reports. Respondent shall submit quarterly declarations under penalty of perjury on forms provided by the Board or its designee, stating whether there has been compliance with all the conditions of probation.

10. Probation Compliance. Respondent shall comply with the Board's probation program and shall, upon reasonable notice, report to the assigned District Office of the Medical Board of California or other designated probation monitor. Respondent shall contact the assigned probation officer regarding any questions specific to the probation order. Respondent shall not have any unsolicited or unapproved contact with 1) complainant(s) associated with the case; 2) Board members or members of its staff; or 3) persons serving as the Board's expert evaluators or witnesses.

11. Interview with the Board or its Designee. Respondent shall appear in person for interviews with the Board or its designee upon request at various intervals and with reasonable notice.

12. Changes in Employment. Respondent shall notify the Board in writing, through the assigned probation officer, of any and all changes of employment, location, and address within 30 days of such change.

13. Tolling for Out-of-State Practice or Residence or In-State Non-Practice. In the event respondent should leave California to reside or to practice outside the State or for any reason should respondent stop practicing psychology in California, respondent shall notify the Board or its designee in writing within ten days of the dates of departure and return or the dates of non-practice within California. Non-practice is defined as any period of time exceeding thirty days in which respondent is not engaging in any activities defined in Sections 2902 and 2903 of the Business and Professions Code. Periods of temporary or permanent residency or practice outside California or of non-practice within California will not apply to the reduction of this probationary period, although the Board may allow respondent to complete certain terms of probation that are not associated with active practice.

14. Employment and Supervision of Trainees. If respondent is licensed as a psychologist, he shall not employ or supervise or apply to employ or supervise psychological assistants, interns or trainees during the course of this probation. Any such supervisory relationship in existence on the effective date of this probation shall be terminated by respondent and/or the Board.

15. Future Registration or Licensure. If respondent is registered as a psychological assistant or registered psychologist and subsequently obtains other psychological assistant or registered psychologist registrations or becomes licensed as a psychologist during the course of this probationary order, respondent agrees that this Decision shall remain in full force and effect until the probationary period is successfully terminated. Future registrations or licensure shall not be approved, however, until respondent is currently in compliance with all of the terms and conditions of probation.

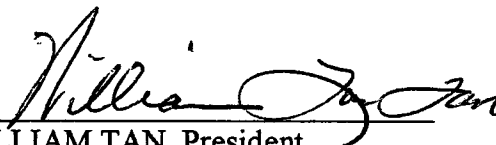
16. Violation of Probation. If respondent violates probation in any respect, the Board may, after giving respondent notice and the opportunity to be heard, revoke probation and carry out the disciplinary order that was stayed. If an Accusation or Petition to Revoke Probation is filed against respondent during probation, the Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final. No Petition

for Modification or Termination of Probation shall be considered while there is an Accusation or Petition to Revoke Probation pending against respondent.

17. Completion of Probation. Upon successful completion of probation, respondent's license shall be fully restored.

This decision shall become effective on June 21, 2003.

DATED: May 22, 2003


WILLIAM TAN, President
Board of Psychology

DECLARATION OF SERVICE BY CERTIFIED MAIL

In the Matter of the Accusation Filed
Against:

James Bonura, Ph.D.

No. : W206

I, the undersigned, declare that I am over 18 years of age and not a party to the within cause; my business address is 1422 Howe Avenue, Ste. 22 Sacramento, California 95825. I served a true copy of the attached:

DECISION AFTER NONADOPTION

by mail on each of the following, by placing same in an envelope (or envelopes) addressed (respectively) as follows:

NAME AND ADDRESS

CERT NO.

James Bonura, Ph.D.
231 E. Newman Avenue
Arcadia, CA 91006-2906

7001 1940 0001 2974 8528

James Bonura, Ph.D.
1141 West Redondo Beach Blvd., Ste. 207
Gardena, CA 90247

7001 1940 0001 2974 8535


Edward W. Pilot, Esq.
9107 Wilshire Blvd., #600
Beverly Hills, CA 90210

John E. DeCure
Deputy Attorney General
300 South Spring St., Ste. 1702
Los Angeles, CA 90013-1230

Each said envelope was then on, May 22, 2003, sealed and deposited in the United States mail at Sacramento, California, the county in which I am employed, as certified mail, with the postage thereon fully prepaid, and return receipt requested.

Executed on, May 22, 2003, at Sacramento, California.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.


DECLARANT
Mary Laackmann
Enforcement Analyst